

Commonwealth of Massachusetts
MASSACHUSETTS ENVIRONMENTAL POLICE

251 Causeway St. – Suite 101 – Boston, MA 02114

(617) 626-1610

Registration and Titling Application

Fax (617) 626-1630

<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Dealer / MFG <input type="checkbox"/> Gov. / Enf <input type="checkbox"/> Livery	<input type="checkbox"/> Motorboat <input type="checkbox"/> ATV <input type="checkbox"/> Snowmobile	<input type="checkbox"/> Reg. & Title <input type="checkbox"/> Registration only <input type="checkbox"/> Title <input type="checkbox"/> Permit	<input type="checkbox"/> New <input type="checkbox"/> Renew <input type="checkbox"/> Duplicate <input type="checkbox"/> Transfer	<input type="checkbox"/> Change <input type="checkbox"/> Add Co-Owner/Joint <input type="checkbox"/> Add Lien holder <input type="checkbox"/> Remove Lien holder
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Reg/Permit#	Processed By	Expiration Date	Reg/Permit Fee	Total Fees
Title#	Reviewed By	Issue Date	Title Fee	FTN

A. APPLICANT *(Please print the following information.)*

Last Name or Business Name		First Name		MI	SSN / Unique ID / FID	
Street		City	State		Zip	Birthdate
Mailing Address		City	State		Zip	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Telephone	Height	Weight	Eye Color		Hair Color	
US Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	MA Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	Paraplegic <input type="checkbox"/> Yes <input type="checkbox"/> No	Mentally Retarded <input type="checkbox"/> Yes <input type="checkbox"/> No	Blind <input type="checkbox"/> Yes <input type="checkbox"/> No	

B. VESSEL / VEHICLE

Serial Number (VIN/HIN)		Manufacturer		Year	Type
Use		Color 1		Color 2	
Mooring / Storage Location	Length	Hull Material		Pollution Control Device	

C. ENGINE

Manufacturer	Year	Serial Number	Horsepower/ CC's	Propulsion	Fuel Type
Manufacturer	Year	Serial Number	Horsepower/ CC's	Propulsion	Fuel Type

D. ☐ **CO-OWNER** *(Both signatures required in Sec "F")* ☐ **JOINT OWNER** *(Check one box only)*

Name		SSN#	Telephone	DOB
Address		City	State	Zip

E. LIENHOLDER *(For Titled Motorboats only)*

Lienholder Type:	<input type="checkbox"/> Financial Institution <input type="checkbox"/> Business <input type="checkbox"/> Individual			Security Agreement Date:	
Name		Telephone		Email	
Street	City	State	Zip	Country	

F. SIGNATURE

I hereby affirm that the information provided is true and correct under the pains and penalties of perjury.		
Owner's Signature	Co-Owner's and/or Joint Owner's Signature	Date Signed